The Facebook, Inc. v. Connectu, LLC et al

Doc. 127 Att. 43

# **EXHIBIT VV**

Words in BOLDFACE CAPITALS in these interrogatories are defined as follows:

(a) (Check one of the following):

(1) INCIDENT includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

Civil Procedure section 2030 for details.

given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on

the asking party and serve copies of your responses on all

other parties to the action who have appeared. See Code of

Case 5:07-cy-01389-RS Document 127-44 Filed 08/22/2007 Page 3 of 33 INCIDENT means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"):

Case 5:07-cy-01389-RS Document 127-44 Filed 08/22/2007 Page 3 of 33 I.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 1.1 State the name, ADDRESS, telephone number, relationship to your of page 3 of 33 I.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 I.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 2007 Page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate page 3 of 33 II.0 Identity of Persons Answering These Interrogatories on a separate page 3 of 33 II.0 Identity of Persons Answering These II.0 Identity of Persons Answering These II.0 Identity of Persons Answering II.0 Identity of

The unauthorized access by YOU of THEFACEBOOK's website, and appropriation of THEFACEBOOK's data.

- (b) YOU OR ANYONE ACTING ON YOUR BEHALF includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on
- (c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.
- (d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (f) ADDRESS means the street address, including the city, state, and zip code.

### Sec. 5. Interrogatories

your behalf.

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.5:

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$\leq$	1.1 State the name, ADDRESS, telephone number, and
	relationship to you of each PERSON who prepared or
	assisted in the preparation of the responses to these
	interrogatories. (Do not identify anyone who simply typed or
	reproduced the responses.)

2.0	General	Bac	kground	In	format	ion	it	ıdiv	/id	ua
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2.1 State:

- (a) your name:
- (b) every name you have used in the past; and
- (c) the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
  - (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.4 At the time of the INCIDENT, did you have any other permit or license for the operation of a motor vehicle? If so, state:
  - (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.5 State:
  - (a) your present residence ADDRESS:
  - (b) your residence ADDRESSES for the past five years; and
  - (c) the dates you lived at each ADDRESS.
- 2.6 State:
  - (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
  - (b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer or selfemployment you have had from five years before the INCIDENT until today.
- 2.7 State:
  - (a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school;
  - (b) the dates you attended;
  - (c) the highest grade level you have completed; and
  - (d) the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
  - (a) the city and state where you were convicted;
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

$\boxtimes$	2.11 At the time of the INCIDENT were you acting as an 27-agent or employee for any PERSON? If so, state:  (a) the name, ADDRESS, and telephone number of that PERSON: and (b) a description of your duties.	<b>₫¹</b>	Filed 08/22/2007 Page 4 of 33 3.4 Are you a joint venture? If so, state:  (a) the current joint venture name;  (b) all other names used by the joint venture during the past 10 years and the dates each was used;  (c) the name and ADDRESS of each joint venturer; and  (d) the ADDRESS of the principal place of business.
$\boxtimes$	<ul> <li>2.12 At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state:</li> <li>(a) the name, ADDRESS, and telephone number;</li> <li>(b) the nature of the disability or condition; and</li> <li>(c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.</li> </ul>	×	<ul> <li>3.5 Are you an unincorporated association?</li> <li>If so, state: <ul> <li>(a) the current unincorporated association name;</li> <li>(b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and</li> <li>(c) the ADDRESS of the principal place of business.</li> </ul> </li> </ul>
	2.13 Within 24 hours before the <b>INCIDENT</b> did you or any person involved in the <b>INCIDENT</b> use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:  (a) the name, <b>ADDRESS</b> , and telephone number;  (b) the nature or description of each substance;	$\boxtimes$	3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state: (a) the name; (b) the dates each was used; (c) the state and county of each fictitious name filing; and (d) the <b>ADDRESS</b> of the principal place of business.
	<ul> <li>(c) the quantity of each substance used or taken;</li> <li>(d) the date and time of day when each substance was used or taken;</li> <li>(e) the ADDRESS where each substance was used or taken;</li> <li>(f) the name ADDRESS and telephone number of each</li> </ul>	$\boxtimes$	<ul><li>3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:</li><li>(a) identify the license or registration;</li><li>(b) state the name of the public entity; and</li></ul>
	<ul> <li>(f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and</li> </ul>		(c) state the dates of issuance and expiration.
	(g) the name, ADDRESS, and telephone number of any	4.0	Insurance
	HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.	$\boxtimes$	4.1 At the time of the <b>INCIDENT</b> , was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or
3.0 ⊠	General Background Information—Business Entity 3.1 Are you a corporation? If so, state:		excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:
	<ul><li>(a) the name stated in the current articles of incorporation;</li><li>(b) all other names used by the corporation during the past</li></ul>		<ul><li>(a) the kind of coverage;</li><li>(b) the name and ADDRESS of the insurance company;</li></ul>
	<ul><li>10 years and the dates each was used;</li><li>(c) the date and place of incorporation;</li></ul>		(c) the name, <b>ADDRESS</b> , and telephone number of each named insured;
	<ul><li>(d) the ADDRESS of the principal place of business; and</li><li>(e) whether you are qualified to do business in California.</li></ul>		<ul><li>(d) the policy number;</li><li>(e) the limits of coverage for each type of coverage contained in the policy;</li></ul>
$\boxtimes$	<ul><li>3.2 Are you a partnership? If so, state:</li><li>(a) the current partnership name;</li><li>(b) all other names used by the partnership during the past</li></ul>		<ul> <li>(f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and</li> </ul>
	10 years and the dates each was used; (c) whether you are a limited partnership and, if so, under		(g) the name, <b>ADDRESS</b> , and telephone number of the custodian of the policy.
	the laws of what jurisdiction; (d) the name and <b>ADDRESS</b> of each general partner; and (e) the <b>ADDRESS</b> of the principal place of business.	$\boxtimes$	4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the <b>INCIDENT?</b> If so, specify the statute.
$\boxtimes$	<ul><li>3.3 Are you a limited liability company? If so, state:</li><li>(a) the name stated in the current articles of organization;</li></ul>	 5.0	[Reserved]
	<ul><li>(b) all other names used by the company during the past 10 years and the date each was used;</li></ul>	6.0	Physical, Mental, or Emotional Injuries
	(c) the date and place of filing of the articles of organization; (d) the <b>ADDRESS</b> of the principal place of business; and (e) whether you are qualified to do business in California.		6.1 Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not
	, , , , , , , , , , , , , , , , , , ,		answer interrogatories 6.2 through 6.7).
		Ц	6.2 Identify each injury you attribute to the <b>INCIDENT</b> and the area of your body affected.

	<ul> <li>6.3 Do Colonia in have any complaints that you attribute to 12 the INCIDENT? If so, for each complaint state:</li> <li>(a) a description;</li> <li>(b) whether the complaint is subsiding, remaining the same, or becoming worse; and</li> <li>(c) the frequency and duration.</li> </ul>		(c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and (d) if the property was sold, state the name, <b>ADDRESS</b> , and telephone number of the seller, the date of sale, and the sale price.
	6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:  (a) the name, ADDRESS, and telephone number; (b) the type of consultation, examination, or treatment provided;		<ul> <li>7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:</li> <li>(a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;</li> <li>(b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and</li> <li>(c) the amount of damage stated.</li> </ul>
	(c) the dates you received consultation, examination, or treatment; and (d) the charges to date.  6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state: (a) the name; (b) the PERSON who prescribed or furnished it; (c) the date it was prescribed or furnished; (d) the dates you began and stopped taking it; and (e) the cost to date.		<ul> <li>7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state: <ul> <li>(a) the date repaired;</li> <li>(b) a description of the repair;</li> <li>(c) the repair cost;</li> <li>(d) the name, ADDRESS, and telephone number of the PERSON who repaired it;</li> <li>(e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.</li> </ul> </li> <li>Loss of Income or Earning Capacity</li> </ul>
	6.6 Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:  (a) the nature; (b) the date; (c) the cost; and (d) the name, ADDRESS, and telephone number of each provider.	K21	<ul> <li>8.1 Do you attribute any loss of income or earning capacity to the INCIDENT? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).</li> <li>8.2 State: (a) the nature of your work; (b) your job title at the time of the INCIDENT; and (c) the date your employment began.</li> <li>8.3 State the last date before the INCIDENT that you</li> </ul>
	<ul> <li>6.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state:</li> <li>(a) the name and ADDRESS of each HEALTH CARE PROVIDER;</li> <li>(b) the complaints for which the treatment was advised; and</li> <li>(c) the nature, duration, and estimated cost of the treatment.</li> </ul>		worked for compensation.  8.4 State your monthly income at the time of the INCIDENT and how the amount was calculated.  8.5 State the date you returned to work at each place of employment following the INCIDENT.  8.6 State the dates you did not work and for which you lost income as a result of the INCIDENT.
7.0	Property Damage 7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of property:  (a) describe the property; (b) describe the nature and location of the damage to the property;		8.7 State the total income you have lost to date as a result of the INCIDENT and how the amount was calculated.  8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:  (a) the facts upon which you base this contention;  (b) an estimate of the amount;  (c) an estimate of how long you will be unable to work; and  (d) how the claim for future income is calculated.

#### Case 5:07-cv-01389-RS Document 127-44 Filed 08/22/2007 Page 6 of 33 9.0 Other Damages (c) the court, names of the parties, and case number of any action filed; 9.1 Are there any other damages that you attribute to the (d) the name, ADDRESS, and telephone number of any INCIDENT? If so, for each item of damage state: attorney representing you; (a) the nature; (e) whether the claim or action has been resolved or is (b) the date it occurred; pending; and (c) the amount; and (d) the name, ADDRESS, and telephone number of each (f) a description of the injury. PERSON to whom an obligation was incurred. 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each 9.2 Do any **DOCUMENTS** support the existence or amount claim or demand state: of any item of damages claimed in interrogatory 9.1? If so, (a) the date, time, and place of the INCIDENT giving rise to describe each document and state the name, ADDRESS, the claim: and telephone number of the PERSON who has each (b) the name, ADDRESS, and telephone number of your DOCUMENT. employer at the time of the injury; (c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number; 10.0 Medical History (d) the period of time during which you received workers' 10.1 At any time before the INCIDENT did you have comcompensation benefits: plaints or injuries that involved the same part of your body (e) a description of the injury; claimed to have been injured in the INCIDENT? If so, for (f) the name, ADDRESS, and telephone number of any each state: **HEALTH CARE PROVIDER** who provided services; and (a) a description of the complaint or injury; (g) the case number at the Workers' Compensation Appeals (b) the dates it began and ended; and Board. (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or 12.0 Investigation—General who examined or treated you. 12.1 State the name, ADDRESS, and telephone number of each individual: 10.2 List all physical, mental, and emotional disabilities you (a) who witnessed the INCIDENT or the events occurring had immediately before the INCIDENT. (You may omit immediately before or after the INCIDENT; mental or emotional disabilities unless you attribute any (b) who made any statement at the scene of the INCIDENT; mental or emotional injury to the INCIDENT.) (c) who heard any statements made about the INCIDENT by any individual at the scene; and 10.3 At any time after the INCIDENT, did you sustain (d) who YOU OR ANYONE ACTING ON YOUR BEHALF injuries of the kind for which you are now claiming claim has knowledge of the INCIDENT (except for damages? If so, for each incident giving rise to an injury expert witnesses covered by Code of Civil Procedure state: section 2034). (a) the date and the place it occurred; (b) the name, ADDRESS, and telephone number of any Have YOU OR ANYONE ACTING ON YOUR other PERSON involved: BEHALF interviewed any individual concerning the (c) the nature of any injuries you sustained; INCIDENT? If so, for each individual state: (d) the name, ADDRESS, and telephone number of each (a) the name, ADDRESS, and telephone number of the HEALTH CARE PROVIDER who you consulted or who individual interviewed: examined or treated you; and (b) the date of the interview; and (e) the nature of the treatment and its duration. (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview. 11.0 Other Claims and Previous Claims 11.1 Except for this action, in the past 10 years have you Have YOU OR ANYONE ACTING ON YOUR

- 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
  - (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;
  - (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed:
- BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:
  - (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
  - (c) the date the statement was obtained; and
  - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

- 12.4 DO TOU ON TOUR BEHAL 127 1 13.2 Filed 08/22/2007 een prepared on the know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:
  - (a) the number of photographs or feet of film or videotape;
  - (b) the places, objects, or persons photographed, filmed, or videotaped;
  - (c) the date the photographs, films, or videotapes were taken;
  - (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes;
  - (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.
- ☐ 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure section 2034) concerning the INCIDENT? If so, for each item state:
  - (a) the type (i.e., diagram, reproduction, or model);
  - (b) the subject matter; and
  - (c) the name, ADDRESS, and telephone number of each PERSON who has it.
- 12.6 Was a report made by any PERSON concerning the **INCIDENT?** If so, state:
  - (a) the name, title, identification number, and employer of the PERSON who made the report;
  - (b) the date and type of report made:
  - (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made: and
  - (d) the name, ADDRESS, and telephone number of each **PERSON** who has the original or a copy of the report.
- 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:
  - (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure section 2034); and
  - (b) the date of the inspection.

- 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:
  - (a) the name, ADDRESS, and telephone number of the individual or party:
  - (b) the time, date, and place of the surveillance;
  - (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

surveillance? If so, for each written report state:

- (a) the title:
- (b) the date:
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

# 14.0 Statutory or Regulatory Violations

- 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.
- 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:
  - (a) the name, ADDRESS, and telephone number of the PERSON;
  - (b) the statute, ordinance, or regulation allegedly violated;
  - (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
  - (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

# 15.0 Denials and Special or Affirmative Defenses

- special or affirmative defense in your pleadings and for each:
  - (a) state all facts upon which you base the denial or special or affirmative defense:
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts:
  - (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

- 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:
  - (a) state the name, ADDRESS, and telephone number of the PERSON:
  - (b) state all facts upon which you base your contention;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.
- 🛚 16.2 Do you contend that plaintiff was not injured in the INCIDENT? If so:
  - (a) state all facts upon which you base your contention;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (c) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.

Case 5:07-cv-01389-RS Document 127 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:  (a) identify it;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	16.8 Do y property proceeding (a) identify (b) state a (c) state the of all P (d) identify support and te	O8/22/2007 Page 8 of 33 ou contend that any of the costs of repairing the damage claimed by plaintiff in discovery is thus far in this case were unreasonable? If so: reach cost item; Il facts upon which you base your contention; he names, ADDRESSES, and telephone numbers ERSONS who have knowledge of the facts; and rall DOCUMENTS and other tangible things that the your contention and state the name, ADDRESS, lephone number of the PERSON who has each MENT or thing.
16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:  (a) identify each service; (b) state all facts upon which you base your contention; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	have any index reports of so, for each (a) the so (b) the da (c) the na (d) the na PERS	YOU OR ANYONE ACTING ON YOUR BEHALF DOCUMENT (for example, insurance bureau orts) concerning claims for personal injuries made after the INCIDENT by a plaintiff in this case? If the plaintiff state: surce of each DOCUMENT; the each claim arose; ture of each claim; and the ame, ADDRESS, and telephone number of the ON who has each DOCUMENT.  YOU OR ANYONE ACTING ON YOUR BEHALF DOCUMENT concerning the past or present
<ul> <li>16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:</li> <li>(a) identify each cost;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>	physical, this case identified Civil Proc (a) the na HEAL (b) a des (c) the n PERS	mental, or emotional condition of any plaintiff in from a HEALTH CARE PROVIDER not previously (except for expert witnesses covered by Code of edure section 2034)? If so, for each plaintiff state: ame, ADDRESS, and telephone number of each TH CARE PROVIDER; cription of each DOCUMENT; and ame, ADDRESS, and telephone number of the ON who has each DOCUMENT.  sees to Request for Admissions our response to each request for admission served
<ul> <li>16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:</li> <li>(a) identify each part of the loss;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>	with thes for each r  (a) state (b) state (c) state of all and (d) ident supp and	e interrogatories an unqualified admission? If not, esponse that is not an unqualified admission: the number of the request; all facts upon which you base your response; the names, ADDRESSES, and telephone numbers PERSONS who have knowledge of those facts; fy all DOCUMENTS and other tangible things that port your response and state the name, ADDRESS, telephone number of the PERSON who has each UMENT or thing.
16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the INCIDENT? If so:  (a) identify each item of property damage;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	20.1 Sta (closest) 20.2 Fo (a) the y	e Incident Occurred—Motor Vehicle ate the date, time, and place of the INCIDENT street ADDRESS or intersection).  or each vehicle involved in the INCIDENT, state: ear, make, model, and license number; name, ADDRESS, and telephone number of the

Case 5:07-cv-01389-RS Document 12 (c) the name, ADDRESS, and telephone number of each occupant other than the driver; (d) the name, ADDRESS, and telephone number of each registered owner; (e) the name, ADDRESS, and telephone number of each lessee; (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.	7-44 Filed 08/22/2007 Page 9 of 33 state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.  20.11 State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.  25.0 [Reserved]  30.0 [Reserved]
20.3 State the <b>ADDRESS</b> and location where your trip began and the <b>ADDRESS</b> and location of your destination.	50.0 Contract
 20.4 Describe the route that you followed from the beginning of your trip to the location of the INCIDENT, and state the location of each stop, other than routine traffic stops, during the trip leading up to the INCIDENT.	<ul> <li>50.1 For each agreement alleged in the pleadings:</li> <li>(a) identify each DOCUMENT that is part of the agreement and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;</li> <li>(b) state each part of the agreement not in writing, the</li> </ul>
20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the <b>INCIDENT</b> for the 500 feet of travel before the <b>INCIDENT</b> .	name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made;  (c) identify all DOCUMENTS that evidence any part of the
20.6 Did the <b>INCIDENT</b> occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.	agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (d) identify all DOCUMENTS that are part of any
<ul> <li>20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state:</li> <li>(a) your location when you first saw it;</li> <li>(b) the color;</li> <li>(c) the number of seconds it had been that color; and</li> <li>(d) whether the color changed between the time you first saw it and the INCIDENT.</li> </ul>	modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (e) state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification, and the date the modification was made;  (f) identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the
<ul> <li>20.8 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle involved:</li> <li>(a) just before the INCIDENT;</li> <li>(b) at the time of the INCIDENT; and (c) just after the INCIDENT.</li> </ul>	name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.  50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the
20.9 Do you have information that a malfunction or defect in a vehicle caused the <b>INCIDENT</b> ? If so:  (a) identify the vehicle;  (b) identify each malfunction or defect;	agreement.  50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
<ul> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and</li> <li>(d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.</li> </ul>	50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the INCIDENT? If so:	50.5 Is any agreement alleged in the pleadings unenforce- able? If so, identify each unenforceable agreement and state why it is unenforceable.
<ul> <li>(a) identify the vehicle;</li> <li>(b) identify each malfunction or defect;</li> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and</li> </ul>	<ul> <li>50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.</li> <li>60.0 [Reserved]</li> </ul>
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ATTORNEY OR PARTY OF THE CONTACTION OF A TORNEY OR PARTY OF THE CONTACTION OF THE CONTACT OF THE	44 <sub>тецерн</sub> ынд : 08 <b>680) 260 0-7</b> 400 Page 10 of 33 <sub>FAX NO. (Optional):</sub> (650) 614-7401	
MONTE COOPER (CSB No. 196746)		
Orrick, Herrington & Sutcliffe LLP	E-MAIL ADDRESS (Optional):	
1000 Marsh Road		
Menlo Park, CA 94205		
ATTORNEY FOR (Name): THEFACEBOOK, INC.		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA	COUNTY SUPERIOR COURT	
BRANCH, IF ANY:	or and the second secon	
SHORT TITLE OF CASE:		
THEFACEBOOK V. CONNECTU		
FORM INTERROGATORIES	CASE NUMBER:	
Asking Party: THEFACEBOOK, INC.	105-CV-047381	*
0011111000111110		
Answering Party: CONNECTU LLC		
Set No.: ONE		
Sec. 1. Instructions to All Parties	(c) Each answer must be as complete and straightfo	nuord

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure section 2030 and the cases construing it.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

# Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories, Form Interrogatories—Economic Litigation (form FI-129), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (c) You may insert your own definition of INCIDENT in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant's Contentions-Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (e) Additional interrogatories may be attached.

# Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure section 2030 for details.

- er must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under State of California correct.	penalty of perjury that the foregoing	under the laws of the answers are true and
(DATE)		(SIGNATURE)

#### Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

]	(1) INCIDENT includes the circumstances and
	events surrounding the alleged accident, injury, or
	other occurrence or breach of contract giving rise to
	this action or proceeding.

(2) INCIDENT means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"):

Case 5:07-cv-01389-RS Document 127-44 Filed 08/22/2007 Page 11 of 33 I.o Identity of Persons Answering These Interrogatories on a separate, attached sheet labeled "Sec. 1.1 State the name, ADDRESS, telephone number, 4(a)(2)"):

The unauthorized access by YOU of THEFACEBOOK's website, and appropriation of THEFACEBOOK's data.

- (b) YOU OR ANYONE ACTING ON YOUR BEHALF includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.
- (d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (f) ADDRESS means the street address, including the city, state, and zip code.

## Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.5:

#### CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information-Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation—General
- 13.0 Investigation—Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form FI-128]
- 101.0 Economic Litigation [See separate form FI-129]
- 200.0 Employment Law [See separate form FI-130] Family Law [See separate form 1292.10]

$\boxtimes$	1.1 State the name, ADDRESS, telephone number, and
	relationship to you of each PERSON who prepared or
	assisted in the preparation of the responses to these
	interrogatories. (Do not identify anyone who simply typed or
	reproduced the responses.)

2.0 General	Background	Information-	-individual
-------------	------------	--------------	-------------

- 2.1 State:
  - (a) your name;
  - (b) every name you have used in the past; and
  - (c) the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
  - (a) the state or other issuing entity:
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.4 At the time of the INCIDENT, did you have any other permit or license for the operation of a motor vehicle? If so, state:
  - (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.5 State:
  - (a) your present residence ADDRESS;
  - (b) your residence ADDRESSES for the past five years; and
  - (c) the dates you lived at each ADDRESS.
- 2.6 State:
  - (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
  - (b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer or selfemployment you have had from five years before the INCIDENT until today.
- 2.7 State:
  - (a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school;
  - (b) the dates you attended;
  - (c) the highest grade level you have completed; and
  - (d) the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
  - (a) the city and state where you were convicted;
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

$\boxtimes$	2.11 At the time of the INCIDENT were you acting as an 27 agent or employee for any PERSON? If so, state:  (a) the name, ADDRESS, and telephone number of that PERSON: and (b) a description of your duties.	-	Filed 08/22/2007 Page 12 of 33 3.4 Are you a joint venture? If so, state:  (a) the current joint venture name;  (b) all other names used by the joint venture during the past 10 years and the dates each was used;  (c) the name and ADDRESS of each joint venturer; and  (d) the ADDRESS of the principal place of business.
$\boxtimes$	<ul> <li>2.12 At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state:</li> <li>(a) the name, ADDRESS, and telephone number;</li> <li>(b) the nature of the disability or condition; and</li> <li>(c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.</li> </ul>		<ul> <li>3.5 Are you an unincorporated association?</li> <li>If so, state: <ul> <li>(a) the current unincorporated association name;</li> <li>(b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and</li> <li>(c) the ADDRESS of the principal place of business.</li> </ul> </li> </ul>
	2.13 Within 24 hours before the <b>INCIDENT</b> did you or any person involved in the <b>INCIDENT</b> use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:  (a) the name, <b>ADDRESS</b> , and telephone number;  (b) the nature or description of each substance;		3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state: (a) the name; (b) the dates each was used; (c) the state and county of each fictitious name filing; and (d) the ADDRESS of the principal place of business.
	<ul><li>(c) the quantity of each substance used or taken;</li><li>(d) the date and time of day when each substance was used or taken;</li><li>(e) the ADDRESS where each substance was used or</li></ul>	$\boxtimes$	<ul><li>3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:</li><li>(a) identify the license or registration;</li></ul>
	taken;  (f) the name, <b>ADDRESS</b> , and telephone number of each person who was present when each substance was used or taken; and		<ul><li>(b) state the name of the public entity; and</li><li>(c) state the dates of issuance and expiration.</li></ul>
		4.0	Insurance
	(g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.		4.1 At the time of the <b>INCIDENT</b> , was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for
3.0 ⊠	General Background Information—Business Entity 3.1 Are you a corporation? If so, state:		the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:
	<ul><li>(a) the name stated in the current articles of incorporation;</li><li>(b) all other names used by the corporation during the past 10 years and the dates each was used:</li></ul>		(a) the kind of coverage; (b) the name and ADDRESS of the insurance company; (c)
	<ul><li>(c) the date and place of incorporation;</li><li>(d) the ADDRESS of the principal place of business; and</li></ul>		<ul><li>(c) the name, <b>ADDRESS</b>, and telephone number of each named insured;</li><li>(d) the policy number;</li></ul>
$\boxtimes$	<ul><li>(e) whether you are qualified to do business in California.</li><li>3.2 Are you a partnership? If so, state:</li></ul>		<ul><li>(e) the limits of coverage for each type of coverage contained in the policy;</li></ul>
<u>K-7</u> 1	(a) the current partnership name; (b) all other names used by the partnership during the past		<ul> <li>(f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and</li> </ul>
	10 years and the dates each was used; (c) whether you are a limited partnership and, if so, under		(g) the name, <b>ADDRESS</b> , and telephone number of the custodian of the policy.
	the laws of what jurisdiction; (d) the name and <b>ADDRESS</b> of each general partner; and (e) the <b>ADDRESS</b> of the principal place of business.	$\boxtimes$	4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the <b>INCIDENT?</b> If so, specify the statute.
$\boxtimes$	<ul><li>3.3 Are you a limited liability company? If so, state:</li><li>(a) the name stated in the current articles of organization;</li></ul>	5.0	[Reserved]
	(b) all other names used by the company during the past 10	6.0	Physical, Mental, or Emotional Injuries
	years and the date each was used; (c) the date and place of filing of the articles of organization; (d) the <b>ADDRESS</b> of the principal place of business; and (e) whether you are qualified to do business in California.		6.1 Do you attribute any physical, mental, or emotional injuries to the <b>INCIDENT?</b> (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
			6.2 Identify each injury you attribute to the <b>INCIDENT</b> and the area of your body affected.

	the INCIDENT? If so, for each complaint state:  (a) a description;  (b) whether the complaint is subsiding, remaining the same, or becoming worse; and  (c) the frequency and duration.	-44	(c) state-the amount viril damage you are claiming for each item of property and how the amount was calculated; and (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of sale, and the sale price.
	6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:		<ul> <li>7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:</li> <li>(a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;</li> <li>(b) the name, ADDRESS, and telephone number of each</li> </ul>
	<ul> <li>(a) the name, ADDRESS, and telephone number;</li> <li>(b) the type of consultation, examination, or treatment provided;</li> <li>(c) the dates you received appearance as a second of the dates you received appearance as a second of the dates your received.</li> </ul>		PERSON who has a copy of it; and (c) the amount of damage stated.
	<ul><li>(c) the dates you received consultation, examination, or treatment; and</li><li>(d) the charges to date.</li></ul>		7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state: (a) the date repaired;
	6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the <b>INCIDENT?</b> If so, for each medication state:		<ul> <li>(b) a description of the repair;</li> <li>(c) the repair cost;</li> <li>(d) the name, ADDRESS, and telephone number of the</li> </ul>
	<ul> <li>(a) the name;</li> <li>(b) the PERSON who prescribed or furnished it;</li> <li>(c) the date it was prescribed or furnished;</li> <li>(d) the dates you began and stopped taking it; and</li> </ul>		PERSON who repaired it;  (e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.
	(e) the cost to date.	8.0	Loss of Income or Earning Capacity
	6.6 Are there any other medical services necessitated by the injuries that you attribute to the <b>INCIDENT</b> that were not previously listed (for example, ambulance, nursing,		8.1 Do you attribute any loss of income or earning capacity to the <b>INCIDENT</b> ? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).
	prosthetics)? If so, for each service state: (a) the nature; (b) the date; (c) the cost; and		8.2 State:  (a) the nature of your work;  (b) your job title at the time of the INCIDENT; and  (c) the data your application at the simple of the Incident.
_	(d) the name, ADDRESS, and telephone number of each provider.	$\boxtimes$	<ul><li>(c) the date your employment began.</li><li>8.3 State the last date before the INCIDENT that you worked for compensation.</li></ul>
	6.7 Has any <b>HEALTH CARE PROVIDER</b> advised that you may require future or additional treatment for any injuries that you attribute to the <b>INCIDENT?</b> If so, for each injury state:	$\boxtimes$	8.4 State your monthly income at the time of the <b>INCIDENT</b> and how the amount was calculated.
	<ul><li>(a) the name and ADDRESS of each HEALTH CARE PROVIDER;</li><li>(b) the complaints for which the treatment was advised; and</li></ul>		8.5 State the date you returned to work at each place of employment following the <b>INCIDENT.</b>
	(c) the nature, duration, and estimated cost of the treatment.		8.6 State the dates you did not work and for which you lost income as a result of the <b>INCIDENT.</b>
7.0	Property Damage 7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENTS. If we for each it is		8.7 State the total income you have lost to date as a result of the <b>INCIDENT</b> and how the amount was calculated.
	other property to the <b>INCIDENT</b> ? If so, for each item of property:  (a) describe the property;  (b) describe the nature and location of the damage to the property;		8.8 Will you lose income in the future as a result of the INCIDENT? If so, state: (a) the facts upon which you base this contention; (b) an estimate of the amount; (c) an estimate of how long you will be unable to work; and (d) how the claim for future income is calculated.

#### Case 5:07-cv-01389-RS Document 127-44 Filed 08/22/2007 Page 14 of 33 9.0 Other Damages (c) the court, names of the parties, and case number of any action filed; 9.1 Are there any other damages that you attribute to the (d) the name, ADDRESS, and telephone number of any INCIDENT? If so, for each item of damage state: attorney representing you; (a) the nature: (e) whether the claim or action has been resolved or is (b) the date it occurred; pending; and (c) the amount; and (d) the name, ADDRESS, and telephone number of each (f) a description of the injury. PERSON to whom an obligation was incurred. 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each 9.2 Do any **DOCUMENTS** support the existence or amount claim or demand state: of any item of damages claimed in interrogatory 9.1? If so, (a) the date, time, and place of the INCIDENT giving rise to describe each document and state the name, ADDRESS, the claim; and telephone number of the PERSON who has each (b) the name, ADDRESS, and telephone number of your DOCUMENT. employer at the time of the injury; (c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number: 10.0 Medical History (d) the period of time during which you received workers' 10.1 At any time before the INCIDENT did you have comcompensation benefits: plaints or injuries that involved the same part of your body (e) a description of the injury: claimed to have been injured in the INCIDENT? If so, for (f) the name, ADDRESS, and telephone number of any each state: **HEALTH CARE PROVIDER** who provided services; and (a) a description of the complaint or injury: (g) the case number at the Workers' Compensation Appeals (b) the dates it began and ended; and Board. (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or 12.0 Investigation—General who examined or treated you. 12.1 State the name, ADDRESS, and telephone number of each individual: 10.2 List all physical, mental, and emotional disabilities you (a) who witnessed the INCIDENT or the events occurring had immediately before the INCIDENT. (You may omit immediately before or after the INCIDENT: mental or emotional disabilities unless you attribute any (b) who made any statement at the scene of the INCIDENT; mental or emotional injury to the INCIDENT.) (c) who heard any statements made about the INCIDENT by any individual at the scene; and 10.3 At any time after the INCIDENT, did you sustain (d) who YOU OR ANYONE ACTING ON YOUR BEHALF injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury claim has knowledge of the INCIDENT (except for expert witnesses covered by Code of Civil Procedure state: section 2034). (a) the date and the place it occurred: (b) the name, ADDRESS, and telephone number of any Have YOU OR ANYONE ACTING ON YOUR other PERSON involved: BEHALF interviewed any individual concerning the (c) the nature of any injuries you sustained; INCIDENT? If so, for each individual state: (d) the name, ADDRESS, and telephone number of each (a) the name, ADDRESS, and telephone number of the

- HEALTH CARE PROVIDER who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

#### 11.0 Other Claims and Previous Claims

- 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
  - (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand:
  - (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed;
- (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.
- Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:
  - (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
  - (c) the date the statement was obtained; and

individual interviewed;

(b) the date of the interview; and

(d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

- 12.4 DG 300 50 TANYONE ACTING ON POUR BEHALF 27-12 13.2 Has a written report been prepared on the know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:
  - (a) the number of photographs or feet of film or videotape;
  - (b) the places, objects, or persons photographed, filmed, or videotaped;
  - (c) the date the photographs, films, or videotapes were taken:
  - (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes;
  - (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.
- ☐ 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure section 2034) concerning the INCIDENT? If so, for each item state:
  - (a) the type (i.e., diagram, reproduction, or model):
  - (b) the subject matter; and
  - (c) the name, ADDRESS, and telephone number of each PERSON who has it.
- 12.6 Was a report made by any PERSON concerning the **INCIDENT?** If so, state:
  - (a) the name, title, identification number, and employer of the PERSON who made the report;
  - (b) the date and type of report made;
  - (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the report.
- ☐ 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:
  - (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure section 2034); and
  - (b) the date of the inspection.

- 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:
  - (a) the name, ADDRESS, and telephone number of the individual or party:
  - (b) the time, date, and place of the surveillance;
  - (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

# 14.0 Statutory or Regulatory Violations

- ☐ 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.
- 14.2 Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:
  - (a) the name, ADDRESS, and telephone number of the PERSON:
  - (b) the statute, ordinance, or regulation allegedly violated;
  - (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered; and
  - the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

# 15.0 Denials and Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for
  - (a) state all facts upon which you base the denial or special or affirmative defense:
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts: and
  - (c) identify all DOCUMENTS and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

- 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:
  - (a) state the name, ADDRESS, and telephone number of the PERSON;
  - (b) state all facts upon which you base your contention;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.
- oxtimes 16.2 Do you contend that plaintiff was not injured in the **INCIDENT?** If so:
  - (a) state all facts upon which you base your contention:
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (c) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.

X	Case 5:07-cv-01389-RS Document 127- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:  (a) identify it;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.		Filed 08/22/2007 Page 16 of 33  16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:  (a) identify each cost item;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
	16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:  (a) identify each service; (b) state all facts upon which you base your contention; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.		<ul> <li>16.9 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the INCIDENT by a plaintiff in this case? If so, for each plaintiff state:</li> <li>(a) the source of each DOCUMENT;</li> <li>(b) the date each claim arose;</li> <li>(c) the nature of each claim; and</li> <li>(d) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.</li> <li>16.10 Do YOU OR ANYONE ACTING ON YOUR BEHALF</li> </ul>
	<ul> <li>16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so: <ul> <li>(a) identify each cost;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul> </li> </ul>		have any DOCUMENT concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a HEALTH CARE PROVIDER not previously identified (except for expert witnesses covered by Code of Civil Procedure section 2034)? If so, for each plaintiff state:  (a) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER;  (b) a description of each DOCUMENT; and  (c) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
	<ul> <li>16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:</li> <li>(a) identify each part of the loss;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>		with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:  (a) state the number of the request; (b) state all facts upon which you base your response; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and (d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
	16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the INCIDENT? If so:  (a) identify each item of property damage;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	19	<ul> <li>.0 [Reserved]</li> <li>.0 How the Incident Occurred—Motor Vehicle</li> <li>20.1 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).</li> <li>20.2 For each vehicle involved in the INCIDENT, state: <ul> <li>(a) the year, make, model, and license number;</li> <li>(b) the name, ADDRESS, and telephone number of the driver:</li> </ul> </li> </ul>

(c) the name, ADDRESS, and telephone number of each occupant other than the driver; (d) the name, ADDRESS, and telephone number of each registered owner; (e) the name, ADDRESS, and telephone number of each lessee; (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and (g) the name of each owner who gave permission or	25.0	(d) State the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.  20.11 State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.  20.12 [Reserved]  20.13 [Reserved]
consent to the driver to operate the vehicle.  20.3 State the <b>ADDRESS</b> and location where your trip began and the <b>ADDRESS</b> and location of your destination.		0 [Reserved]
20.4 Describe the route that you followed from the beginning of your trip to the location of the INCIDENT, and state the location of each stop, other than routine traffic stops, during the trip leading up to the INCIDENT.  20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the INCIDENT for the 500 feet of travel before the INCIDENT.	,□	<ul> <li>50.1 For each agreement alleged in the pleadings:</li> <li>(a) identify each DOCUMENT that is part of the agreement and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;</li> <li>(b) state each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made;</li> <li>(c) identify all DOCUMENTS that evidence any part of the</li> </ul>
20.6 Did the <b>INCIDENT</b> occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.		agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT; (d) identify all DOCUMENTS that are part of any
<ul> <li>20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state: <ul> <li>(a) your location when you first saw it;</li> <li>(b) the color;</li> <li>(c) the number of seconds it had been that color; and</li> <li>(d) whether the color changed between the time you first saw it and the INCIDENT.</li> </ul> </li> <li>20.8 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle involved:</li> </ul>		modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (e) state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification, and the date the modification was made;  (f) identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.
<ul><li>(a) just before the INCIDENT;</li><li>(b) at the time of the INCIDENT; and (c) just after the INCIDENT.</li></ul>		50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
<ul> <li>20.9 Do you have information that a malfunction or defect in a vehicle caused the INCIDENT? If so:</li> <li>(a) identify the vehicle;</li> <li>(b) identify each malfunction or defect;</li> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and</li> </ul>	$\boxtimes$	50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.  50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and
(d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.		satisfaction, or novation? If so, identify each agreement erminated, the date of termination, and the basis of the termination.
20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the <b>INCIDENT?</b> If so:  (a) identify the vehicle; (b) identify each malfunction or defect;		50.5 Is any agreement alleged in the pleadings unenforce able? If so, identify each unenforceable agreement and state why it is unenforceable.  50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and action why it is ambiguous.
(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and	60	state why it is ambiguous.  •• [Reserved]

Civil Procedure section 2030 for details.

with these interrogatories, you must serve your responses on

the asking party and serve copies of your responses on all

other parties to the action who have appeared. See Code of

(1) INCIDENT includes the circumstances and

this action or proceeding.

events surrounding the alleged accident, injury, or

other occurrence or breach of contract giving rise to

(2) INCIDENT means (insert your definition here or on a separate, attached sheet labeled "Sec. 1.1 State the name, ADDRESS, telephone number, and 4(a)(2)"): relationship to you of each PERSON who prepared or The unauthorized access by YOU of assisted in the preparation of the responses to these THEFACEBOOK's website, and appropriation of interrogatories. (Do not identify anyone who simply typed or THEFACEBOOK's data. reproduced the responses.) 2.0 General Background Information—individual (b) YOU OR ANYONE ACTING ON YOUR BEHALF 2.1 State: includes you, your agents, your employees, your insurance (a) your name; companies, their agents, their employees, your attorneys, your (b) every name you have used in the past; and accountants, your investigators, and anyone else acting on (c) the dates you used each name. vour behalf. 2.2 State the date and place of your birth. (c) PERSON includes a natural person, firm, association, organization, partnership, business, trust, limited liability 2.3 At the time of the **INCIDENT**, did you have a driver's company, corporation, or public entity. license? If so state: (d) DOCUMENT means a writing, as defined in Evidence (a) the state or other issuing entity; (b) the license number and type; Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, (c) the date of issuance; and electronically stored information, and every other means of (d) all restrictions. recording upon any tangible thing and form of communicating 2.4 At the time of the INCIDENT, did you have any other or representation, including letters, words, pictures, sounds, or permit or license for the operation of a motor vehicle? If so, symbols, or combinations of them. (e) HEALTH CARE PROVIDER includes any PERSON (a) the state or other issuing entity; referred to in Code of Civil Procedure section 667.7(e)(3). (b) the license number and type; (c) the date of issuance; and (f) ADDRESS means the street address, including the city. (d) all restrictions. state, and zip code. 2.5 State: Sec. 5. Interrogatories (a) your present residence ADDRESS; The following interrogatories have been approved by the (b) your residence ADDRESSES for the past five years; and Judicial Council under Code of Civil Procedure section 2033.5: (c) the dates you lived at each ADDRESS. CONTENTS 2.6 State: 1.0 Identity of Persons Answering These Interrogatories (a) the name, ADDRESS, and telephone number of your 2.0 General Background Information—Individual present employer or place of self-employment; and 3.0 General Background Information—Business Entity (b) the name, ADDRESS, dates of employment, job title. 4.0 Insurance and nature of work for each employer or self-5.0 [Reserved] employment you have had from five years before the 6.0 Physical, Mental, or Emotional Injuries **INCIDENT** until today. 7.0 Property Damage 2.7 State: 8.0 Loss of Income or Earning Capacity (a) the name and ADDRESS of each school or other 9.0 Other Damages academic or vocational institution you have attended, 10.0 Medical History

- 11.0 Other Claims and Previous Claims
- 12.0 Investigation—General
- 13.0 Investigation—Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form FI-128]
- 101.0 Economic Litigation [See separate form FI-129]
- 200.0 Employment Law [See separate form FI-130] Family Law [See separate form 1292.10]

- beginning with high school;
- (b) the dates you attended:
- (c) the highest grade level you have completed; and
- (d) the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
  - (a) the city and state where you were convicted:
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.
- ☐ 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
  - 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

$\boxtimes$	2.11 Atthesim 5 of the UNCIDENT Rose you could be ast an 27-45 agent or employee for any PERSON? If so, state:  (a) the name, ADDRESS, and telephone number of that PERSON: and  (b) a description of your duties.	<b>4</b>	3.4 Filed 08/22/2007; IPage 20 of 33  (a) the current joint venture name; (b) all other names used by the joint venture during the past 10 years and the dates each was used; (c) the name and ADDRESS of each joint venturer; and
	2.12 At the time of the <b>INCIDENT</b> did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the <b>INCIDENT?</b> If so, for each person state:  (a) the name, <b>ADDRESS</b> , and telephone number;  (b) the nature of the disability or condition; and  (c) the manner in which the disability or condition contributed to the occurrence of the <b>INCIDENT</b> .	₫	<ul> <li>(d) the ADDRESS of the principal place of business.</li> <li>3.5 Are you an unincorporated association?</li> <li>If so, state:</li> <li>(a) the current unincorporated association name;</li> <li>(b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and</li> <li>(c) the ADDRESS of the principal place of business.</li> </ul>
	2.13 Within 24 hours before the INCIDENT did you or any person involved in the INCIDENT use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:  (a) the name, ADDRESS, and telephone number;  (b) the nature or description of each substance;  (c) the quantity of each substance used or taken;  (d) the date and time of day when each substance was used or taken;  (e) the ADDRESS where each substance was used or taken;  (f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and		3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state: (a) the name; (b) the dates each was used; (c) the state and county of each fictitious name filing; and (d) the ADDRESS of the principal place of business.  3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration: (a) identify the license or registration; (b) state the name of the public entity; and (c) state the dates of issuance and expiration.
	(g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.	_	Insurance 4.1 At the time of the INCIDENT, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or
3.0	General Background Information—Business Entity 3.1 Are you a corporation? If so, state:		excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:
	<ul> <li>(a) the name stated in the current articles of incorporation;</li> <li>(b) all other names used by the corporation during the past 10 years and the dates each was used;</li> <li>(c) the date and place of incorporation;</li> <li>(d) the ADDRESS of the principal place of business; and</li> <li>(e) whether you are qualified to do business in California.</li> </ul>		<ul> <li>(a) the kind of coverage;</li> <li>(b) the name and ADDRESS of the insurance company;</li> <li>(c) the name, ADDRESS, and telephone number of each named insured;</li> <li>(d) the policy number;</li> <li>(e) the limits of coverage for each type of coverage con-</li> </ul>
$\boxtimes$	<ul> <li>3.2 Are you a partnership? If so, state:</li> <li>(a) the current partnership name;</li> <li>(b) all other names used by the partnership during the past 10 years and the dates each was used;</li> <li>(c) whether you are a limited partnership and, if so, under</li> </ul>		tained in the policy; (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and (g) the name, <b>ADDRESS</b> , and telephone number of the
<b>-</b>	the laws of what jurisdiction; (d) the name and <b>ADDRESS</b> of each general partner; and (e) the <b>ADDRESS</b> of the principal place of business.	₫	custodian of the policy.  4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the INCIDENT? If so, specify the statute.
$\bowtie$	<ul> <li>3.3 Are you a limited liability company? If so, state:</li> <li>(a) the name stated in the current articles of organization;</li> <li>(b) all other names used by the company during the past 10</li> </ul>	5.0	[Reserved]
	years and the date each was used;	6.0	Physical, Mental, or Emotional Injuries
	(c) the date and place of filing of the articles of organization; (d) the <b>ADDRESS</b> of the principal place of business; and (e) whether you are qualified to do business in California.		6.1 Do you attribute any physical, mental, or emotional injuries to the <b>INCIDENT?</b> (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
			6.2 Identify each injury you attribute to the <b>INCIDENT</b> and the area of your body affected.

L.,.J	the INCIDENT? If so, for each complaint state:  (a) a description;  (b) whether the complaint is subsiding, remaining the same, or becoming worse; and  (c) the frequency and duration.	-44	(c) Island the analysis of amages of are claiming for each item of property and how the amount was calculated; and (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of sale, and the sale price.
	6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:		7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:  (a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;
	<ul><li>(a) the name, ADDRESS, and telephone number;</li><li>(b) the type of consultation, examination, or treatment provided;</li><li>(c) the dates you received consultation, examination, or</li></ul>		<ul><li>(b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and</li><li>(c) the amount of damage stated.</li></ul>
	treatment; and (d) the charges to date.		7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state: (a) the date repaired;
	6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state: (a) the name;		<ul><li>(b) a description of the repair;</li><li>(c) the repair cost;</li><li>(d) the name, ADDRESS, and telephone number of the PERSON who repaired it;</li></ul>
	<ul><li>(b) the PERSON who prescribed or furnished it;</li><li>(c) the date it was prescribed or furnished;</li><li>(d) the dates you began and stopped taking it; and</li></ul>		(e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.
	(e) the cost to date.	8.0	Loss of Income or Earning Capacity
	6.6 Are there any other medical services necessitated by the injuries that you attribute to the <b>INCIDENT</b> that were not previously listed (for example, ambulance, nursing,		8.1 Do you attribute any loss of income or earning capacity to the <b>INCIDENT?</b> (If your answer is "no," do not answer interrogatories 8.2 through 8.8).
	prosthetics)? If so, for each service state: (a) the nature;	$\boxtimes$	8.2 State:
	(b) the date; (c) the cost; and (d) the name, ADDRESS, and telephone number		<ul><li>(a) the nature of your work;</li><li>(b) your job title at the time of the INCIDENT; and</li><li>(c) the date your employment began.</li></ul>
	of each provider.  6.7 Has any <b>HEALTH CARE PROVIDER</b> advised that you	$\boxtimes$	8.3 State the last date before the <b>INCIDENT</b> that you worked for compensation.
	may require future or additional treatment for any injuries that you attribute to the <b>INCIDENT?</b> If so, for each injury state:	$\boxtimes$	8.4 State your monthly income at the time of the <b>INCIDENT</b> and how the amount was calculated.
	<ul> <li>(a) the name and ADDRESS of each HEALTH CARE PROVIDER;</li> <li>(b) the complaints for which the treatment was advised; and</li> </ul>		8.5 State the date you returned to work at each place of employment following the <b>INCIDENT.</b>
	(c) the nature, duration, and estimated cost of the treatment.		8.6 State the dates you did not work and for which you lost income as a result of the <b>INCIDENT.</b>
7.0	Property Damage		8.7 State the total income you have lead to the
	7.1 Do you attribute any loss of or damage to a vehicle or other property to the <b>INCIDENT</b> ? If so, for each item of		8.7 State the total income you have lost to date as a result of the <b>INCIDENT</b> and how the amount was calculated.
	property: (a) describe the property; (b) describe the nature and location of the damage to the property;		<ul><li>8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:</li><li>(a) the facts upon which you base this contention;</li><li>(b) an estimate of the amount;</li></ul>
			<ul><li>(c) an estimate of how long you will be unable to work; and</li><li>(d) how the claim for future income is calculated.</li></ul>

9.0	Case 5:07-cv-01389-RS Document 127-Other Damages	44	Filed 08/22/2007 Page 22 of 33 (c) the court, names of the parties, and case number of any action filed;
j	<ul><li>9.1 Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage state:</li><li>(a) the nature;</li></ul>		(d) the name, <b>ADDRESS</b> , and telephone number of any attorney representing you;
	<ul><li>(b) the date it occurred;</li><li>(c) the amount; and</li></ul>		(e) whether the claim or action has been resolved or is pending; and
	(d) the name, <b>ADDRESS</b> , and telephone number of each <b>PERSON</b> to whom an obligation was incurred.	<del></del> 1	(f) a description of the injury.
	9.2 Do any <b>DOCUMENTS</b> support the existence or amount		11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:
	of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, ADDRESS,		(a) the date, time, and place of the <b>INCIDENT</b> giving rise to the claim;
	and telephone number of the PERSON who has each DOCUMENT.		<ul><li>(b) the name, ADDRESS, and telephone number of your employer at the time of the injury;</li></ul>
10.0	) Medical History		<ul><li>(c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number;</li></ul>
	10.1 At any time before the <b>INCIDENT</b> did you have complaints or injuries that involved the same part of your body		<ul><li>(d) the period of time during which you received workers' compensation benefits;</li><li>(e) a description of the injury;</li></ul>
	claimed to have been injured in the INCIDENT? If so, for each state:		(f) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who provided services; and
	(a) a description of the complaint or injury; (b) the dates it began and ended; and (c) the name ADDRESS and talanhara annulus (c)		(g) the case number at the Workers' Compensation Appeals Board.
	(c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.		Investigation—General
$\Box$	10.2 List all physical, mental, and emotional disabilities you	$\bowtie$	12.1 State the name, <b>ADDRESS</b> , and telephone number of each individual:
	had immediately before the INCIDENT. (You may omit mental or emotional disabilities unless you attribute any		(a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT;  (b) who made any statement at the events occurring immediately before or after the INCIDENT;
	mental or emotional injury to the INCIDENT.)		<ul><li>(b) who made any statement at the scene of the INCIDENT;</li><li>(c) who heard any statements made about the INCIDENT by any individual at the scene; and</li></ul>
	10.3 At any time after the <b>INCIDENT</b> , did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:		(d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT (except for expert witnesses covered by Code of Civil Procedure
	(a) the date and the place it occurred;		section 2034).
	(b) the name, ADDRESS, and telephone number of any other PERSON involved:	$\boxtimes$	12.2 Have YOU OR ANYONE ACTING ON YOUR

- other PERSON involved:
- (c) the nature of any injuries you sustained;
- (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

# 11.0 Other Claims and Previous Claims

- 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
  - (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;
  - (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed:

individual interviewed; (b) the date of the interview; and (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.

INCIDENT? If so, for each individual state:

BEHALF interviewed any individual concerning the

(a) the name, ADDRESS, and telephone number of the

- Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:
  - (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
  - (c) the date the statement was obtained; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

- 12.4 Day SQUE OF ANY ONE & OTHER ON DYOLLEN BEENTALE 7-4 13. Eilad a White Hard Tepon been prepared on the know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:
  - (a) the number of photographs or feet of film or videotape;
  - (b) the places, objects, or persons photographed, filmed, or videotaped;
  - (c) the date the photographs, films, or videotapes were taken:
  - (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes;
  - (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.
- 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure section 2034) concerning the INCIDENT? If so, for each item state:
  - (a) the type (i.e., diagram, reproduction, or model);
  - (b) the subject matter; and
  - (c) the name, ADDRESS, and telephone number of each PERSON who has it.
- 12.6 Was a report made by any PERSON concerning the **INCIDENT?** If so, state:
  - (a) the name, title, identification number, and employer of the PERSON who made the report;
  - (b) the date and type of report made:
  - (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the report.
- 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:
  - (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure section 2034); and
  - (b) the date of the inspection.

- 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:
  - (a) the name, ADDRESS, and telephone number of the individual or party:
  - (b) the time, date, and place of the surveillance;
  - (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

surveillance? If so, for each written report state:

- (a) the title:
- (b) the date;
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

# 14.0 Statutory or Regulatory Violations

- 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.
- 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:
  - (a) the name, ADDRESS, and telephone number of the PERSON;
  - (b) the statute, ordinance, or regulation allegedly violated;
  - (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered; and
  - (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

# 15.0 Denials and Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:
  - (a) state all facts upon which you base the denial or special or affirmative defense;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts;
  - (c) identify all DOCUMENTS and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

- 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:
  - (a) state the name, ADDRESS, and telephone number of the PERSON:
  - (b) state all facts upon which you base your contention;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.
- 16.2 Do you contend that plaintiff was not injured in the INCIDENT? If so:
  - (a) state all facts upon which you base your contention;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.

16.3 De you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:  (a) identify it;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	42	16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:  (a) identify each cost item;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:  (a) identify each service; (b) state all facts upon which you base your contention; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.		16.9 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the INCIDENT by a plaintiff in this case? If so, for each plaintiff state:  (a) the source of each DOCUMENT; (b) the date each claim arose; (c) the nature of each claim; and (d) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
<ul> <li>16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:</li> <li>(a) identify each cost;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>	_	have any DOCUMENT concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a HEALTH CARE PROVIDER not previously identified (except for expert witnesses covered by Code of Civil Procedure section 2034)? If so, for each plaintiff state:  (a) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER;  (b) a description of each DOCUMENT; and  (c) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
<ul> <li>16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:</li> <li>(a) identify each part of the loss;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>		<ul> <li>17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:</li> <li>(a) state the number of the request;</li> <li>(b) state all facts upon which you base your response;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>
<ul> <li>16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the INCIDENT? If so:</li> <li>(a) identify each item of property damage;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>	19.	<ul> <li>10 [Reserved]</li> <li>10 [Reserved]</li> <li>10 How the Incident Occurred—Motor Vehicle</li> <li>20.1 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).</li> <li>20.2 For each vehicle involved in the INCIDENT, state: <ul> <li>(a) the year, make, model, and license number;</li> <li>(b) the name, ADDRESS, and telephone number of the driver;</li> </ul> </li> </ul>

	(c) the hance ADDRESS, Oand telephone number of each registered owner;  (d) the name, ADDRESS, and telephone number of each registered owner;  (e) the name, ADDRESS, and telephone number of each lessee;  (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and  (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.	each PERSON who has custody of each defective part.  20.11 State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.  25.0 [Reserved]  30.0 [Reserved]
	20.3 State the <b>ADDRESS</b> and location where your trip began and the <b>ADDRESS</b> and location of your destination.	40.0 [Reserved] 50.0 Contract
	20.4 Describe the route that you followed from the beginning of your trip to the location of the <b>INCIDENT</b> , and state the location of each stop, other than routine traffic stops, during the trip leading up to the <b>INCIDENT</b> .  20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the <b>INCIDENT</b> for the 500 feet of travel before the <b>INCIDENT</b> .	<ul> <li>50.1 For each agreement alleged in the pleadings:</li> <li>(a) identify each DOCUMENT that is part of the agreement and for each state the name, ADDRESS, and telephonenumber of each PERSON who has the DOCUMENT;</li> <li>(b) state each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date the part of the agreement was made;</li> </ul>
	20.6 Did the <b>INCIDENT</b> occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.	<ul> <li>(c) identify all DOCUMENTS that evidence any part of the agreement not in writing and for each state the name ADDRESS, and telephone number of each PERSO who has the DOCUMENT;</li> <li>(d) identify all DOCUMENTS that are part of an extended and the part of the part</li></ul>
	<ul> <li>20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state: <ul> <li>(a) your location when you first saw it;</li> <li>(b) the color;</li> <li>(c) the number of seconds it had been that color; and</li> <li>(d) whether the color changed between the time you first saw it and the INCIDENT.</li> </ul> </li> <li>20.8 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle involved:</li> </ul>	modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (e) state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification, and the date the modification was made;  (f) identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.
_	<ul><li>(a) just before the INCIDENT;</li><li>(b) at the time of the INCIDENT; and (c) just after the INCIDENT.</li></ul>	50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the day of every act or omission that you claim is the breach of the agreement.
	20.9 Do you have information that a malfunction or defect in a vehicle caused the <b>INCIDENT?</b> If so:  (a) identify the vehicle;  (b) identify each malfunction or defect;  (c) state the name, <b>ADDRESS</b> , and telephone number of	50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
	each PERSON who is a witness to or has information about each malfunction or defect; and  (d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.	50.4 Was any agreement alleged in the pleading terminated by mutual agreement, release, accord ar satisfaction, or novation? If so, identify each agreeme terminated, the date of termination, and the basis of the termination.
	20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the <b>INCIDENT?</b> If so:	50.5 Is any agreement alleged in the pleadings unenforc able? If so, identify each unenforceable agreement ar state why it is unenforceable.
	<ul> <li>(a) identify the vehicle;</li> <li>(b) identify each malfunction or defect;</li> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and</li> </ul>	<ul> <li>50.6 Is any agreement alleged in the pleading ambiguous? If so, identify each ambiguous agreement ar state why it is ambiguous.</li> <li>60.0 [Reserved]</li> </ul>

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form
- parties, and other details, see Code of Civil Procedure section 2030 and the cases construing it.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

#### Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate interrogatories. Form Interrogatories—Economic Litigation (form FI-129), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.
- (b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (c) You may insert your own definition of INCIDENT in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (d) The interrogatories in section 16.0, Defendant's Contentions-Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (e) Additional interrogatories may be attached.

### Sec. 3. Instructions to the Answering Party

- (a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure section 2030 for details.

- answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of	of the
State of California that the foregoing answers are true	and
correct.	

#### Sec. 4. Definitions

(DATE)

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

•	<u>-</u> -
	(1) INCIDENT includes the circumstances and
	events surrounding the alleged accident, injury, or
	other occurrence or breach of contract giving rise to
	this action or proceeding.

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(SIGNATURE)

Case 5:07-cv-01389-RS Document 127-44 Filed 08/22/2007 Page 27 of 33 (2) INCIDENT means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): The unauthorized access by YOU of THEFACEBOOK's website, and appropriation of THEFACEBOOK's data. 2.0 General Background Information—individual (b) YOU OR ANYONE ACTING ON YOUR BEHALF 2.1 State: includes you, your agents, your employees, your insurance (a) your name; companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on (c) the dates you used each name. your behalf. 2.2 State the date and place of your birth. (c) **PERSON** includes a natural person, firm, association.

- organization, partnership, business, trust, limited liability company, corporation, or public entity.
- (d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs. electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (e) HEALTH CARE PROVIDER includes any PERSON referred to in Code of Civil Procedure section 667.7(e)(3).
- (f) ADDRESS means the street address, including the city. state, and zip code.

# Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.5:

# CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation—General
- 13.0 Investigation—Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred-Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form Fl-128]
- 101.0 Economic Litigation [See separate form FI-129]
- 200.0 Employment Law [See separate form FI-130] Family Law [See separate form 1292.10]

$\boxtimes$	1.1 State the name, ADDRESS, telephone number, and
	relationship to you of each PERSON who prepared or
	assisted in the preparation of the responses to these
	interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

- (b) every name you have used in the past; and
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
  - (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so. state:
  - (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- 2.5 State:
  - (a) your present residence ADDRESS;
  - (b) your residence ADDRESSES for the past five years; and
  - (c) the dates you lived at each ADDRESS.
- 2.6 State:
  - (a) the name, ADDRESS, and telephone number of your present employer or place of self-employment; and
  - (b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer or selfemployment you have had from five years before the **INCIDENT** until today.
- 2.7 State:
  - (a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school;
  - (b) the dates you attended;
  - (c) the highest grade level you have completed; and
  - (d) the degrees received.
- oxtimes 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
  - (a) the city and state where you were convicted;
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

$\boxtimes$	2.11 At the lime of the Incident were you acting as an agent or employee for any PERSON? If so, state:  (a) the name, ADDRESS, and telephone number of that PERSON: and (b) a description of your duties.	-44	Filed 08/22/2007 Page 28 of 33 3.4 Are you a joint venture? If so, state:  (a) the current joint venture name;  (b) all other names used by the joint venture during the past 10 years and the dates each was used;  (c) the ADDRESS of each joint venturer; and
$\boxtimes$	<ul> <li>2.12 At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state:</li> <li>(a) the name, ADDRESS, and telephone number;</li> <li>(b) the nature of the disability or condition; and</li> <li>(c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.</li> </ul>		<ul> <li>(d) the ADDRESS of the principal place of business.</li> <li>3.5 Are you an unincorporated association?</li> <li>If so, state:</li> <li>(a) the current unincorporated association name;</li> <li>(b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and</li> <li>(c) the ADDRESS of the principal place of business.</li> </ul>
į į	2.13 Within 24 hours before the <b>INCIDENT</b> did you or any person involved in the <b>INCIDENT</b> use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:  (a) the name, <b>ADDRESS</b> , and telephone number;  (b) the nature or description of each substance;		3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state: (a) the name; (b) the dates each was used; (c) the state and county of each fictitious name filing; and (d) the ADDRESS of the principal place of business.
	<ul> <li>(c) the quantity of each substance used or taken;</li> <li>(d) the date and time of day when each substance was used or taken;</li> <li>(e) the ADDRESS where each substance was used or taken;</li> <li>(f) the name, ADDRESS, and telephone number of each person who was present when each substance was used</li> </ul>		<ul><li>3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:</li><li>(a) identify the license or registration;</li><li>(b) state the name of the public entity; and</li><li>(c) state the dates of issuance and expiration.</li></ul>
	or taken; and  (g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.	4.0 ⊠	Insurance 4.1 At the time of the INCIDENT, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or
<b>3.0</b>	General Background Information—Business Entity 3.1 Are you a corporation? If so, state: (a) the name stated in the current articles of incorporation; (b) all other names used by the corporation during the past 10 years and the dates each was used; (c) the date and place of incorporation; (d) the ADDRESS of the principal place of business; and (e) whether you are qualified to do business in California.		excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:  (a) the kind of coverage; (b) the name and ADDRESS of the insurance company; (c) the name, ADDRESS, and telephone number of each named insured; (d) the policy number; (e) the limits of coverage for each type of coverage con-
$\boxtimes$	<ul> <li>3.2 Are you a partnership? If so, state:</li> <li>(a) the current partnership name;</li> <li>(b) all other names used by the partnership during the past 10 years and the dates each was used;</li> <li>(c) whether you are a limited partnership and, if so, under the laws of what invisidities:</li> </ul>		tained in the policy;  (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and  (g) the name, <b>ADDRESS</b> , and telephone number of the custodian of the policy.
$\nabla$	the laws of what jurisdiction; (d) the name and <b>ADDRESS</b> of each general partner; and (e) the <b>ADDRESS</b> of the principal place of business.	$\boxtimes$	4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the <b>INCIDENT?</b> If so, specify the statute.
<b>\( \)</b>	<ul> <li>3.3 Are you a limited liability company? If so, state:</li> <li>(a) the name stated in the current articles of organization;</li> <li>(b) all other names used by the company during the past 10 years and the date each was used;</li> <li>(c) the date and place of filing of the articles of organization;</li> <li>(d) the ADDRESS of the principal place of business; and</li> <li>(e) whether you are qualified to do business in California.</li> </ul>		[Reserved]  Physical, Mental, or Emotional Injuries  6.1 Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not
			<ul><li>answer interrogatories 6.2 through 6.7).</li><li>6.2 Identify each injury you attribute to the INCIDENT and the area of your body affected</li></ul>

	<ul> <li>6.3 Do</li></ul>	-44	(c) State the amount of damage 30th are claiming for each item of property and how the amount was calculated; and (d) if the property was sold, state the name, <b>ADDRESS</b> , and telephone number of the seller, the date of sale, and the sale price.
	6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:  (a) the name, ADDRESS, and telephone number; (b) the type of consultation, examination, or treatment provided; (c) the dates you received consultation, examination, or		<ul> <li>7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:</li> <li>(a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;</li> <li>(b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and</li> <li>(c) the amount of damage stated.</li> </ul>
_	treatment; and (d) the charges to date.		7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state: (a) the date repaired;
	<ul> <li>6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state:</li> <li>(a) the name;</li> <li>(b) the PERSON who prescribed or furnished it;</li> <li>(c) the date it was prescribed or furnished;</li> <li>(d) the dates you began and stopped taking it; and</li> <li>(e) the cost to date.</li> </ul>	8.0	<ul> <li>(b) a description of the repair;</li> <li>(c) the repair cost;</li> <li>(d) the name, ADDRESS, and telephone number of the PERSON who repaired it;</li> <li>(e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.</li> <li>Loss of Income or Earning Capacity</li> </ul>
	6.6 Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:  (a) the nature; (b) the date; (c) the cost; and (d) the name, ADDRESS, and telephone number		8.1 Do you attribute any loss of income or earning capacity to the <b>INCIDENT?</b> (If your answer is "no," do not answer interrogatories 8.2 through 8.8).
			<ul><li>8.2 State:</li><li>(a) the nature of your work;</li><li>(b) your job title at the time of the INCIDENT; and</li><li>(c) the date your employment began.</li></ul>
	of each provider.  6.7 Has any <b>HEALTH CARE PROVIDER</b> advised that you		8.3 State the last date before the <b>INCIDENT</b> that you worked for compensation.
	may require future or additional treatment for any injuries that you attribute to the <b>INCIDENT?</b> If so, for each injury state:	$\boxtimes$	8.4 State your monthly income at the time of the <b>INCIDENT</b> and how the amount was calculated.
	<ul> <li>(a) the name and ADDRESS of each HEALTH CARE PROVIDER;</li> <li>(b) the complaints for which the treatment was advised; and</li> <li>(c) the nature, duration, and estimated cost of the treatment.</li> </ul>		8.5 State the date you returned to work at each place of employment following the <b>INCIDENT.</b>
			8.6 State the dates you did not work and for which you lost income as a result of the <b>INCIDENT.</b>
7.0	Property Damage 7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of		8.7 State the total income you have lost to date as a result of the <b>INCIDENT</b> and how the amount was calculated.
	property:  (a) describe the property;  (b) describe the nature and location of the damage to the property;		<ul> <li>8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:</li> <li>(a) the facts upon which you base this contention;</li> <li>(b) an estimate of the amount;</li> <li>(c) an estimate of how long you will be unable to work; and</li> <li>(d) how the claim for future income is calculated.</li> </ul>

#### Case 5:07-cv-01389-RS Document 127-44 Filed 08/22/2007 Page 30 of 33 9.0 Other Damages (c) the court, names of the parties, and case number of any action filed; 9.1 Are there any other damages that you attribute to the (d) the name, ADDRESS, and telephone number of any INCIDENT? If so, for each item of damage state: attorney representing you: (a) the nature: (e) whether the claim or action has been resolved or is (b) the date it occurred: pending; and (c) the amount; and (d) the name, ADDRESS, and telephone number of each (f) a description of the injury. PERSON to whom an obligation was incurred. 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each 9.2 Do any **DOCUMENTS** support the existence or amount claim or demand state: of any item of damages claimed in interrogatory 9.1? If so, (a) the date, time, and place of the INCIDENT giving rise to describe each document and state the name, ADDRESS, the claim; and telephone number of the PERSON who has each (b) the name, ADDRESS, and telephone number of your DOCUMENT. employer at the time of the injury; (c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number; 10.0 Medical History (d) the period of time during which you received workers' 10.1 At any time before the INCIDENT did you have comcompensation benefits: plaints or injuries that involved the same part of your body (e) a description of the injury; claimed to have been injured in the INCIDENT? If so, for (f) the name, ADDRESS, and telephone number of any each state: HEALTH CARE PROVIDER who provided services; and (a) a description of the complaint or injury: (g) the case number at the Workers' Compensation Appeals (b) the dates it began and ended; and Board. (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or 12.0 Investigation—General who examined or treated you. 12.1 State the name, ADDRESS, and telephone number of each individual: 10.2 List all physical, mental, and emotional disabilities you (a) who witnessed the INCIDENT or the events occurring had immediately before the INCIDENT. (You may omit immediately before or after the INCIDENT: mental or emotional disabilities unless you attribute any (b) who made any statement at the scene of the INCIDENT; mental or emotional injury to the INCIDENT.) (c) who heard any statements made about the INCIDENT by any individual at the scene; and 10.3 At any time after the INCIDENT, did you sustain (d) who YOU OR ANYONE ACTING ON YOUR BEHALF injuries of the kind for which you are now claiming claim has knowledge of the INCIDENT (except for damages? If so, for each incident giving rise to an injury expert witnesses covered by Code of Civil Procedure state: section 2034). (a) the date and the place it occurred; (b) the name, ADDRESS, and telephone number of any Have YOU OR ANYONE ACTING ON YOUR other PERSON involved: (c) the nature of any injuries you sustained; INCIDENT? If so, for each individual state: (d) the name, ADDRESS, and telephone number of each

- BEHALF interviewed any individual concerning the
  - (a) the name, ADDRESS, and telephone number of the individual interviewed;
  - (b) the date of the interview; and
  - (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.
- Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:
  - (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement:
  - (c) the date the statement was obtained; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

# 11.0 Other Claims and Previous Claims

examined or treated you; and

(e) the nature of the treatment and its duration.

11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

HEALTH CARE PROVIDER who you consulted or who

- (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;
- (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed;

- 12.4 DO TONE ON POUR BEHALF 7-12 13. FIRS ON POUR BEHALF 3. FIRS ON THE PROPERTY OF 13. know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:
  - (a) the number of photographs or feet of film or videotape:
  - (b) the places, objects, or persons photographed, filmed, or videotaped;
  - (c) the date the photographs, films, or videotapes were
  - (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes:
  - (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.
- ☐ 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure section 2034) concerning the INCIDENT? If so, for each item state:
  - (a) the type (i.e., diagram, reproduction, or model);
  - (b) the subject matter; and
  - (c) the name, ADDRESS, and telephone number of each PERSON who has it.
- 12.6 Was a report made by any PERSON concerning the INCIDENT? If so, state:
  - (a) the name, title, identification number, and employer of the PERSON who made the report;
  - (b) the date and type of report made:
  - (c) the name, ADDRESS, and telephone number of the **PERSON** for whom the report was made; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the report.
- ☑ 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:
  - (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure section 2034); and
  - (b) the date of the inspection.

- ☐ 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF. conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:
  - (a) the name, ADDRESS, and telephone number of the individual or party:
  - (b) the time, date, and place of the surveillance:
  - (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

# 14.0 Statutory or Regulatory Violations

- 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.
- 14.2 Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:
  - (a) the name, ADDRESS, and telephone number of the PERSON;
  - (b) the statute, ordinance, or regulation allegedly violated;
  - (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered; and
  - (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

# 15.0 Denials and Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:
  - (a) state all facts upon which you base the denial or special or affirmative defense:
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts;
  - (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

- 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:
  - (a) state the name, ADDRESS, and telephone number of the PERSON:
  - (b) state all facts upon which you base your contention;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (d) identify all DOCUMENTS and other tangible things that support your contention and state the name. ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.
- 16.2 Do you contend that plaintiff was not injured in the **INCIDENT?** If so:
  - (a) state all facts upon which you base your contention;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (c) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each **DOCUMENT** or thing.

$\boxtimes$	Case 5:07-cv-01389-RS Document 127- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:  (a) identify it;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	₩	Filed 08/22/2007 Page 32 of 33  16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:  (a) identify each cost item;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
	16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:  (a) identify each service; (b) state all facts upon which you base your contention; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.		16.9 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the INCIDENT by a plaintiff in this case? If so, for each plaintiff state:  (a) the source of each DOCUMENT; (b) the date each claim arose; (c) the nature of each claim; and (d) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
	<ul> <li>16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:</li> <li>(a) identify each cost;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>		have any <b>DOCUMENT</b> concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a <b>HEALTH CARE PROVIDER</b> not previously identified (except for expert witnesses covered by Code of Civil Procedure section 2034)? If so, for each plaintiff state:  (a) the name, <b>ADDRESS</b> , and telephone number of each <b>HEALTH CARE PROVIDER</b> ;  (b) a description of each <b>DOCUMENT</b> ; and  (c) the name, <b>ADDRESS</b> , and telephone number of the <b>PERSON</b> who has each <b>DOCUMENT</b> .
	<ul> <li>16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:</li> <li>(a) identify each part of the loss;</li> <li>(b) state all facts upon which you base your contention;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>		<ul> <li>17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:</li> <li>(a) state the number of the request;</li> <li>(b) state all facts upon which you base your response;</li> <li>(c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and</li> <li>(d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.</li> </ul>
	16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the INCIDENT? If so:  (a) identify each item of property damage;  (b) state all facts upon which you base your contention;  (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.	19.	<ul> <li>.0 [Reserved]</li> <li>.0 [Reserved]</li> <li>.0 How the Incident Occurred—Motor Vehicle</li> <li>20.1 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).</li> <li>20.2 For each vehicle involved in the INCIDENT, state: <ul> <li>(a) the year, make, model, and license number;</li> <li>(b) the name, ADDRESS, and telephone number of the driver;</li> </ul> </li> </ul>

(c) the name, ADDRESS, and telephone occupant other than the driver; (d) the name, ADDRESS, and telephone number of each registered owner;		Filed 08/22/2007 Page 33 of 33 (d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.
<ul><li>(e) the name, ADDRESS, and telephone number of each lessee;</li><li>(f) the name, ADDRESS, and telephone number of each</li></ul>		20.11 State the name, <b>ADDRESS</b> , and telephone number of each owner and each <b>PERSON</b> who has had possession since the <b>INCIDENT</b> of each vehicle involved in the <b>INCIDENT</b> .
owner other than the registered owner or lien holder; and  (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.	30.0	0 [Reserved] 0 [Reserved]
20.3 State the <b>ADDRESS</b> and location where your trip began and the <b>ADDRESS</b> and location of your destination.		0 [Reserved]  0 Contract
20.4 Describe the route that you followed from the beginning of your trip to the location of the <b>INCIDENT</b> , and state the location of each stop, other than routine traffic stops, during the trip leading up to the <b>INCIDENT</b> .		<ul><li>50.1 For each agreement alleged in the pleadings:</li><li>(a) identify each <b>DOCUMENT</b> that is part of the agreement and for each state the name, <b>ADDRESS</b>, and telephone number of each <b>PERSON</b> who has the <b>DOCUMENT</b>;</li></ul>
20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the INCIDENT for the 500 feet of travel before the INCIDENT.		<ul> <li>(b) state each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made;</li> <li>(c) identify all DOCUMENTS that evidence any part of the</li> </ul>
20.6 Did the <b>INCIDENT</b> occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.		agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (d) identify all DOCUMENTS that are part of any
20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state: (a) your location when you first saw it; (b) the color; (c) the number of seconds it had been that color; and (d) whether the color changed between the time you first saw it and the INCIDENT.		modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;  (e) state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification, and the date the modification was made;  (f) identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the
20.8 State how the <b>INCIDENT</b> occurred, giving the speed, direction, and location of each vehicle involved: (a) just before the <b>INCIDENT</b> ; (b) at the time of the <b>INCIDENT</b> ; and (c) just		name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.  50.2 Was there a breach of any agreement alleged in the
after the INCIDENT.		pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
<ul><li>20.9 Do you have information that a malfunction or defect in a vehicle caused the INCIDENT? If so:</li><li>(a) identify the vehicle;</li><li>(b) identify each malfunction or defect;</li></ul>		50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
<ul> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and</li> <li>(d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.</li> </ul>		50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the <b>INCIDENT?</b> If so:	$\boxtimes$	50.5 Is any agreement alleged in the pleadings unenforce able? If so, identify each unenforceable agreement and state why it is unenforceable.
<ul> <li>(a) identify the vehicle;</li> <li>(b) identify each malfunction or defect;</li> <li>(c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information.</li> </ul>		50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.
each <b>PERSON</b> who is a witness to or has information about each malfunction or defect; and	60	.0 [Reserved]